

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/743857

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			1		2		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1											
2		1										
3		2										
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7		6										
8	1		1									
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50												
TOTAL IND.	6		6									
TOTAL DEP.	30		30									
TOTAL CLAIMS	36		36									
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS